

**EXHIBIT D**

Exhibit C – Denial of Short Term Disability Claim

Dolores Pazzillo  
Claim Manager  
Disability Management Solutions



June 30, 2006

Life • Accident • Disability

Patricia Harris-Lee  
66 Lexington Avenue  
Jersey City, NJ 07304

Routing P260  
PO Box 22925  
Pittsburgh, PA 15222-0325  
Telephone 1.800.238.2125 x 9116  
Facsimile 412.402.3285

Claimant's Name: Patricia Harris-Lee  
Plan: SHY0800501  
Planholder: SONY/BMG  
Administered By: Life Insurance Company of North America

Dear Ms. Harris-Lee:

This letter is in regards to your Short Term Disability claim. After completing our review of your claim, we are unable to approve benefits.

**Definition of Disability**

- You are considered *Disabled if, solely because of a covered Injury or Sickness, you are unable to perform all the material duties of your regular occupation; or solely due to Injury or Sickness, are unable to earn more than 80% of your Covered Earnings.*

The Plan will not pay Disability Benefits for any period of Disability during which the Employee:

- Is not receiving Appropriate Care.*

We recently completed a review of the information on file to consider benefits for your short-term disability from May 30, 2006 to present for the diagnosis of severe back problems, followed by imposed emotional and psychological distress from employer.

This information included medical from Dr. Bassell, Dr. Thornton and Dr. Paley-Gaist to consider benefits for this period. Dr. Thornton supplied us with your office visit of May 11, 2006 and June 8, 2006 for complaints of back injury at job, you were prescribed naprosyn and sooner to continue care with chiropractor for the pain and spasms.

Dr. Bassell provided us with office notes April 14, 2006 to present the plan of treatment as indicated conservative chiropractic manipulative therapy at a frequency of 2-3 times per week over the next four weeks. Based upon the stressful nature of your encounter you were referred for a psychological evaluation with Dr. Gaist to further determine the nature of your reaction. As well as an exercise program under supervision initially, this will then be continued on a home care basis.

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Dr. Gaist completed a behavioral health form and supplied us with the initial psychological evaluation dated May 10, 2006. She advised you were seen by her on April 20, May 1, 15, June 1, 2006, for posttraumatic stress disorder due to a reported work incident. She advised that you were having difficulty concentrating at work and you did not feel safe, she advised that as of June 1, 2006, you were on no medication and the specific treatment goals to address your impairment were none since you discontinued psychotherapy this form was dated June 27, 2006. The letter dated May 10, 2006 advised that on your appointment of May 1, 2006, you continued to experience intrusive thoughts about the event, psychological distress in your office which is located near the individual who threatened you and into which this supervisor often enters unannounced, reduced interest in activities outside of work and feelings of isolation from her colleagues at work. She advised that your posttraumatic stress disorder and you would be treated psychotherapeutically for this.

The information provided by your medical providers; Dr. Bassell and Dr. Thornton due confirm the diagnosis of back pain and spasms and you are receiving the appropriate care for this diagnosis, however the medical provided for the back pain does not support an impairment from performing your occupation. Dr. Bassell advised that this was a psychosomatic issue and referred you for care to Dr. Gaist. The information from Dr. Gaist did confirm your treatment for posttraumatic stress disorder however; you worked with this condition up to May 26, 2006. You stopped working on May 30, 2006 and on June 1, 2006; you discontinued your psychotherapy treatment.

Our nurse case manager and associated medical director reviewed this information to consider benefits beyond May 30, 2006 and the medical evidence does not support restrictions and limitations imposed of no work. Therefore, benefits from May 30, 2006 to present are denied and your claim has been closed.

If you feel this has been denied in error, please submit a letter of appeal and information from your physician.

You have the right to appeal this decision. Please write to:

New Jersey Department of Labor  
Bureau of Private Plan  
Irregular and Disputed Claims Section  
CN957  
Trenton, NJ 08825

If you disagree with our determination and intend to appeal this claim decision, you must submit a written appeal. This appeal should be received by us within 180 days of receipt of this letter and should be sent to the Life Insurance Company of North America representative signing this letter to the address noted on the letterhead.

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You have the right to submit written comments as well as any new documentation you wish us to consider. If you have additional information, it should also be sent for further review to the address noted on this letterhead, within 180 days of receipt of this letter.

Additional information includes, but is not limited to: physician's office notes, hospital records, consultations, test result reports, therapy notes, physical and/or mental limitations, etc. These medical records should cover the period of May 30, 2005, through present.

Under normal circumstances, you will be notified of a decision on your appeal within 45 days of the date your request for review is received. If there are special circumstances requiring delay, you will be notified of the reason for delay within 30 days of receipt of your request, and every 30 days thereafter. A final decision will be made no later than 90 days.

Nothing contained in this letter should be construed as a waiver of any rights or defenses under the policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein.

Please review your insurance booklet, certificate or coverage information available from your employer to determine if you are eligible for additional benefits.

Please contact our office at 800.238.2125 ext 3118 should you have any questions.

Sincerely,

Deldra Petillo  
Claim Manager  
Cc: Bertelsmann

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